



APPLICATION DUE June 3, 2023

**City of Williamsburg
Department of Human Services
Community Services Division
Youth Services Division**



**2023 - Summer Youth Achievement Program
Application for Registration**

Name of Youth: _____ Date: _____
Last Name First Name MI

Date of Birth: ____/____/____ Age: _____ Social Security #: _____

Address: _____
Street City Zip Code

Parent/Guardian: _____ Relationship: _____

Home Telephone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

School Name: _____ IEP or 504 Plan: Yes/No Grade: _____

Average School Performance/G.P.A.: _____

PLEASE SELECT T-SHIRT AND SHORTS SIZES FOR YOUR YOUTH:

Adult T-shirt Size: X-Small _____ Small _____ Medium _____ Large _____ XL _____
2X _____ 3X _____ 4X _____ 5X _____

Adult Shorts Size: X-Small _____ Small _____ Medium _____ Large _____ XL _____
2X _____ 3X _____ 4X _____ 5X _____

IMPORTANT!!!

Applications will not be considered complete without the following documents. Once complete applications are received, all applicants will be interviewed prior to notification of acceptance into the Summer Youth Achievement Program.

1. Copy of Social Security Card
2. Copy of Picture I.D. (Youth)
3. Proof of Residency

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To Be Completed by Youth

Do you have any other obligations this summer (summer school, job, vacation, medical issues, etc.) that will cause you to be absent during the scheduled program time? Yes No If yes, please explain:

Youth accepted into the Summer Program will be required to participate in scheduled in-person and/or virtual activities and educational discussions. Are you willing to fully commit and cooperate as a part of the team?

Yes No .

Briefly explain why you would like to be a part of the Summer Youth Achievement Program.

Interest: Please list any activities you participate in or outside of school (include hobbies, sports, lesson, volunteer positions, clubs, etc.):

Please list any academic areas you are having trouble with:

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Medical/Mental Health Information

I, _____, the parent/guardian of _____
Who is a participant in the Williamsburg Department of Human Services, Youth and Family Services
Division, Youth Achievement Program give my permission for _____ to
receive minor emergency medical treatment as may be necessary while engaged in the program
activities. I understand that I will be contacted first and in the case that I am not available, the individual
stated in the emergency contact section will be contacted (**See Emergency Contact below in Red**).

In case of an emergency, does the City of Williamsburg Department of Human Services, Youth and
Family Services Division, Youth Achievement Program have your permission to take your child to receive
medical treatment if the parent/guardian or emergency contact cannot be located immediately?
_____ **Yes** _____ **No**

In case of an emergency in which your child must be taken to the hospital, are you covered by any
insurance? If so, please provide us with the following information:

Insurance Name: _____ Insurance Phone#: _____

Primary Card Holders Name: _____ Insurance Policy#: _____

Parent/Guardian: _____ **Hm#:** _____ **Cell#:** _____

Emergency Contact: _____ **Relationship:** _____
Last Name First Name

Home #: _____ **Cell#:** _____

Medical/Mental Health issues/needs (include asthma, diabetes, epilepsy, ADD, ADHD, depression, etc.):

Please list all *medication(s)* for your child: _____

Please list all *allergies* for your child: _____

Physician's Name: _____ Telephone #: _____

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By my signature below, I declare that the information I provided in this application is true and correct to
the best of my knowledge. I also agree to participate in the program as fully as I am able.

Youth Signature

Date

Parent/Guardian Signature

Date

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PERMISSIONS

I grant the following permissions to the City of Williamsburg Department of Human Services, Youth and Family Services Division, Youth Achievement Program concerning my child, _____.

Initials:

- _____ Transport my child to and from activities
- _____ Seek medical care in case of an emergency
- _____ Review my child’s school records to include contact with school staff members (teachers, guidance counselors, social workers, etc.) to assist my child with school performance
- _____ Participation in scheduled activities

I understand that all the information provided in this application is STRICTLY CONFIDENTIAL and no information will be released without a signed written consent.

Parent/Guardian Signature

Date

Authorization to Photograph and Release Photographs

I hereby give permission to the City of Williamsburg Department of Human Services, Youth and Family Services Division, Youth Achievement Program to photograph and use photographs of my child (whether still motion or television) and recordings of my child for purposes of education (role plays, art activities, etc.)

I hereby give permission to the City of Williamsburg Department of Human Services, Youth and Family Services Division, Youth Achievement Program to use my child’s photograph for publication with articles and/or advertisement in the local newspaper (Virginia Gazette/Daily Press) or other forms of media to promote the City of Williamsburg Department of Human Services Youth Achievement Program.

Parent/Guardian Signature

Date

Print Name